

Chapter Two

Preadmission Screening and Annual Resident Review (PASARR)

Introduction

The information in this chapter addresses Preadmission Screening and Annual Resident Review (PASARR) requirements for applicants to and residents of Medicaid-certified nursing facilities.

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PASARR Program

Background

The Preadmission Screening and Annual Resident Review (PASARR) program is a federal statutory requirement that became effective January 1989 as a result of the Omnibus Budget Reconciliation Act (OBRA) of 1987 (P.L. 100-203). This section of OBRA was enacted to assure that individuals with serious mental illness (SMI), mental retardation (MR), and/or conditions related to mental retardation (RC) entering or residing in Medicaid-certified nursing facilities receive appropriate placement and services.

This federal regulation mandates review of every individual who applies to or resides in Medicaid-certified nursing facilities regardless of the source of payment for nursing facility services.

Continued on next page

PASARR Program, continued

Definitions

SMI, or serious mental illness, is evident if an individual is known or suspected to have a combination of a major psychiatric condition and a recent history of treatment for, and/or symptoms of that condition. A primary diagnosis of dementia or a sole psychiatric diagnosis of an organic disorder is excluded.

MR, or mental retardation, involves a measure of intellectual functioning that exists concurrently with adaptive functioning deficits.

RC, or a related condition, is any severe or chronic disability such as cerebral palsy, autism, or a head injury that manifests itself prior to age 22, continues indefinitely, and results in substantial functional limitations.

Who is Subject to PASARR Screens

All applicants to and residents of Medicaid-certified nursing facilities, whether they are funded by Medicaid or utilize other sources of payment, must be screened through the Level I and, if appropriate, the Level II process.

Residents of these facilities who exhibit significant change in mental health or mental retardation needs must also be rescreened through Level I as a “*status change*.” A change in status can occur for residents with newly discovered diagnoses or symptoms of SMI, MR or RC, as well as residents known to have SMI, MR or RC but whose treatment needs for those conditions change significantly.

Facilities Not Subject to Level I and Level II Screens

Adult care homes, hospital swing beds, CAP services, and nursing facilities that are **not** Medicaid-certified are exempt from Level I or Level II PASARR screens. A small number of nursing facilities in North Carolina have a “distinct part” that participates in the Medicaid program as a nursing facility and another “distinct part” that participates in the Medicare program as a skilled nursing facility. Persons seeking admission to the **Medicare** distinct part, as long as that “part” is not Medicaid-certified, are also exempt from the Level I and Level II processes.

If an individual is transferred from any of these placements into a Medicaid-certified nursing facility bed (or Medicaid-certified “part” of a nursing facility), that person must have a Level I and, if applicable, a Level II screen before that transfer can occur.

Continued on next page

PASARR Program, continued

Applicants for Whom a Level II May be Postponed

Federal and state rules allow short-term nursing facility admissions for some **applicants with SMI, MR or RC**. These **time-limited** approvals are authorized by the PASARR contractor during the Level I screen process when any of the following four circumstances are applicable:

- **Convalescent care** (30-day approval): applies to admissions to nursing facilities directly from acute care hospitals. The individual must need 30 days or less nursing facility care for the hospitalization condition and the attending physician must provide certification that nursing facility stay is not expected to exceed 30 days.
 - **Emergency** (7-day approval): applies to situations where the individual needs emergency protective service placement
 - **Delirium** (7-day approval): applies to individuals suspected as having SMI, MR, or RC, however a delirium state affects accurate completion of the Level I and/or Level II processes
 - **Respite** (7-day approval): applies to individuals whose in-home caregivers need temporary respite
-

If Residence is Expected to Extend Beyond the End Date

If residence in the facility is expected to extend beyond the end date, further approval and screening must be obtained through the PASARR contractor before the authorized period ends. The admitting facility is responsible for initiating further screening through an updated Level I screen:

- within five (5) calendar days of the individual's date of admission for seven (7) day approvals,
- within twenty-five (25) calendar days for thirty (30) day approvals, and
- within fifty (50) calendar days for sixty (60) day approvals.

If the individual is Medicaid-eligible and is approved for continued stay through the updated Level I/II process, Medicaid's fiscal agent's Prior Approval Unit must be contacted for payment to continue.

The PASARR Contractor's Short-Term Approval

PASARR numbers ending in D, E, and F reflect short-term approvals.

- "D" represents 7-day approvals
- "E" represents 30-day approvals
- "F" represents 60-day approvals

As instructed under "To Obtain Copy of Screening Results", it is the facility's responsibility to request screening results from the PASARR contractor as each new admission occurs. Submission of the North Carolina Nursing Facilities Tracking Form (see Attachment A) by the facility prompts the PASARR contractor to issue written notification explaining the approval. The PASARR contractor's reviewers also perform telephone follow-up with providers to explain screening requirements for short-term approvals. The telephone follow-up relies upon receipt of a North Carolina Nursing Facilities Tracking Form from the admitting facility or contact by the discharging facility to report the individual's admitting location.

Continued on next page

PASARR Program, continued

**Identifying
Persons with
SMI, MR or
RC**

The OBRA law requires the state to manage a Level I, or identifying process, for all applicants to Medicaid-certified nursing facilities. Level I screens involve a brief phone or fax-based review on a state-designated form which asks questions about known or suspected SMI, MR or RC.

Level II screens are federally mandated to be performed on-site and prior to admission for all SMI, MR, and RC applicants to Medicaid-certified nursing facilities (preadmission screen). Subsequent assessments known as Annual Resident Reviews (ARRs) must continue annually thereafter for those individuals.

**Who Performs
PASARR
Evaluations**

Electronic Data System (EDS) is the DMA contractor responsible for managing the Level I and Level II processes in North Carolina. Level I information may be communicated to EDS by:

- phone (1-800-688-6696),
- fax (1-866-216-3424), or
- the ProviderLink web portal (www.providerlink.com)

Reviewers are available from 8:00 a.m. through 4:30 p.m. Monday through Friday, excluding North Carolina state holidays.

Level II evaluations are performed by qualified local North Carolina clinicians who are employed by the PASARR contractor.

PASARR Process: Level I, Level II, and Tracking

**General
Information**

For residents with no evidence or diagnosis of SMI, MR or RC, the initial Level I remains valid forever, regardless of changes in care level and regardless of when the Level I was completed.

For screenings completed after February 1994, a PASARR number is provided to reflect Level I and, if applicable, Level II screening results.

The PASARR number should be indicated in block 10 of the FL2.

Continued on next page

PASARR Process: Level I, Level II, and Tracking, continued

PASARR Process Explanation

At the conclusion of the Level I or, if applicable, Level II screen, a PASARR number is assigned by the PASARR contractor. **This number must be added to Block 10 of the FL2.** The issuing of PASARR numbers began on February 4, 1994 for **all** applicants to or residents of Medicaid-certified nursing facilities. If an individual who has resided in a nursing facility prior to February, 1994 has a change in payment, medical or mental status and does not have a PASARR number, the PASARR contractor **must** be contacted to initiate the Level I and, if applicable, the Level II screening process.

Medicaid's fiscal agent no longer accepts authorizations granted prior to February, 1994. The PASARR contractor **must be contacted for screening** before the fiscal agent will approve the nursing facility level of care.

When residents have diagnoses or evidence of SMI, MR, or RC, but do not have a PASARR number, the facility **must** contact the PASARR contractor to initiate the Level I and, if appropriate, Level II screen.

Who Completes Level I Screens

The county department of social services or appropriate clinical staff from the referral source should send Level I screening information to the PASARR contractor. The individual **must** be familiar enough with the applicant/recipient to respond to clinical and/or medical status questions.

How Much of Level I Should Be Completed

If there is clearly no evidence of SMI, MR, or RC, complete or be prepared to report information through Section III (page 2) of the Level I form. If there is evidence or suspicion of one or more of these conditions, complete or be prepared to report all sections of the protocol.

To Obtain Copy of Screening Results

The North Carolina Nursing Facilities Tracking Form must be sent to the PASARR contractor by the receiving facility for all new admissions in order for the receiving facility to obtain a copy of the Level I and, if appropriate, the Level II results. Transfers of individuals previously evaluated through the Level II PASARR process, as discussed in a later section, must also be reported to the PASARR contractor via the North Carolina Nursing Facilities Tracking Form.

Purpose of Tracking Form for First Time Admission

The North Carolina Nursing Facilities Tracking Form indicates to the PASARR contractor that an applicant has been admitted to a Medicaid-certified nursing facility. The PASARR contractor can then forward appropriate screening information to the receiving facility. Level I and, if applicable, Level II **results must be kept in the individual's medical records** so they are available to the facility's care planning team and to state or federal auditors.

Both Level I and Level II information must be transferred with the resident upon transfer to another Medicaid-certified nursing facility. Unless there is a change in mental status, no further contact with the PASARR contractor is required for residents who are **not** subject to the PASARR Level II process. **Receiving facilities must report admission of a resident who has been screened by the Level II process.**

Continued on the next page

PASARR Process: Level I, Level II, and Tracking, continued

Purpose of Tracking Form for Residents in Level II Process

The North Carolina Nursing Facilities Tracking Form indicates the location of all individuals residing in a Medicaid-certified nursing facility who are subject to annual reviews through the PASARR Level II program. The ARR assessments must be performed within the quarter of the prior PASARR assessment anniversary date for Level II persons who continued to reside in Medicaid-certified nursing facilities.

The North Carolina Nursing Facilities Tracking Form is a mechanism used to monitor location and due date information to assure timely PASARR assessments for persons with SMI, MR or RC and **must be submitted** for these Level II residents if:

- a Level II resident transfers to another Medicaid-certified facility
- a Level II resident expires
- a Level II resident is discharged from the nursing facility system

Discharge means that the resident has either been placed in a less restrictive setting than the nursing facility or the resident no longer resides in a Medicaid-certified nursing facility bed.

For example, if a nursing facility has adult care home beds and the Level II resident transfers to the adult care home level of care, he/she is no longer subject to PASARR, and the PASARR contractor should be notified of that discharge. The adult care home level of care, even if the adult care home beds are part of a Medicaid-certified nursing facility, is not subject to PASARR requirements.

When Does a New Level I Need to be Performed?

A Level I screen remains valid unless there is a significant change in a resident's status that affects his/her mental health or mental retardation treatment needs. This means that if a resident is discovered to have SMI, MR or RC after the Level I was performed, the receiving facility must call the PASARR contractor to perform an updated Level I. Updates to the Level I should also occur if a resident in the PASARR process exhibits an increase in behavioral problems or symptoms or if an individual with MR makes significant medical improvement and may be a candidate for special treatment services.

Level I screens **do not** need to be done again except when a resident with known or suspected SMI, MR or RC has not been previously assessed through the PASARR contractor or if no prior Level I has been completed.

Call 1-800-688-6696 for additional information or clarification.

- For procedure clarification or problem resolution, ask for the NC PASARR clinical manager
 - For general information on procedures, ask for a NC PASARR reviewer.
-

PASARR Process Flow

Preadmission Level I

The referral source completes the North Carolina Level I Screening Form (see Attachment B) and contacts the PASARR contractor for a PASARR number either by:

- phone (1-800-688-6696),
- fax (1-866-216-3424), or
- through the ProviderLink web portal (<http://www.providerlink.com>)

If a Level II screen is not needed, a PASARR number is assigned by the PASARR contractor (enter in block 10 on the FL2).

If the individual is a Medicaid recipient, the referral source contacts Medicaid's fiscal agent (1-800-688-6696 or 1-919-851-8888) and proceeds with the Medicaid nursing facility prior approval process (refer to Chapter 3, Prior Approval).

The receiving nursing facility submits the North Carolina Nursing Facilities Tracking Form to the PASARR contractor. The PASARR contractor will forward the North Carolina Level I Screening Form to the nursing facility for the resident's file.

Time Limited Stays

The referral source completes the North Carolina Level I Screening Form and contacts the PASARR contractor for a PASARR number.

- If a Level II screening is not needed, a time limit and a PASARR number is assigned by the PASARR contractor with an alpha ending of D, E, or F.
- If the individual is a Medicaid recipient, the referral source contacts Medicaid's fiscal agent (1-800-688-6696 or 1-919-851-8888) and proceeds with the Medicaid nursing facility prior approval process (refer to Chapter 3, Prior Approval).

The receiving nursing facility submits the North Carolina Nursing Facilities Tracking Form to the PASARR contractor.

- If the resident is to remain beyond the authorized time frame, the receiving facility contacts the PASARR contractor prior to the end-date to update the Level I information (contact within 5 days for a 7-day authorization; contact within 25 days for a 30-day authorization; contact within 50 days for a 60-day authorization)
- If approved, the PASARR contractor issues the new PASARR number.
- If a Level II screen is needed, the PASARR contractor completes the Level II evaluation.
- If approved through the Level II process, the facility contacts Medicaid's fiscal agent to update the prior approval

Status Change (New Level I Required)

To request a status change, the nursing facility staff completes the North Carolina Level I Screening Form and contacts the PASARR contractor to re-evaluate the resident.

The same process is followed as with the Preadmission Level I or Level II except that a North Carolina Nursing Facilities Tracking Form is not required regarding admission.

Continued on next page

PASARR Process Flow, continued

Level II

The PASARR contractor notifies the referral source that a Level II PASARR screen is required and requests that medical records be available for the on-site assessor.

- A face to face in-depth assessment is performed by the field assessor.
- When the final determination is made, a PASARR number is assigned, if appropriate and sent to the referral source.
- A letter is mailed by the PASARR contractor to the resident/responsible party informing them of the final decision and their appeal rights.
- If the individual is a Medicaid recipient, the referral source contacts Medicaid's fiscal agent (1-800-688-6696 or 1-919-851-8888) and proceeds with the Medicaid nursing facility prior approval process (refer to Chapter 3, Prior Approval).

The receiving nursing facility submits the North Carolina Nursing Facilities Tracking Form to the PASARR contractor. The PASARR contractor will forward the North Carolina Level I Screening Form to the nursing facility for the resident's file.

**Annual
Resident
Review (ARR)**

ARR lists are distributed quarterly to nursing facilities by the PASARR contractor. The nursing facilities verify the lists and the ARR lists/North Carolina Nursing Facilities Tracking Form are returned to the PASARR contractor. The same process is followed as with the Level II process.

Attachments

Attachment A: Tracking Form
Attachment B: Level I Screening Form

Sample of the North Carolina Nursing Facilities Tracking Form

NORTH CAROLINA NURSING FACILITIES TRACKING FORM		EDS P.O. Box 300015, Raleigh, NC 27622-0015 Phone: 1-800-688-6696 / Fax: 1-866-216-3424
(Please Print) Resident/Applicant Demographic Information		
Last name _____	First name _____	Middle Initial _____
Social Security Number _____	Date of Birth _____	PASARR Number (if applicable) _____
Immediate Response!! Complete This Section for Call Back of Existing Patient PASARR #: Requestors Name: _____ Requestor (to receive #): _____ Call Back Phone #: _____ (You still must complete Tracking Section below)		
Section I: NEW ADMISSIONS (Transfer/Tracking) Complete for NF admissions to receive screen result (Level I, Level II) mail; Fax; EDS Admitting Facility: _____ Admission Date: _____ Address: _____ Contact Person: _____ Telephone: _____		
Section II: Purpose of Tracking Form Submission <input type="checkbox"/> Request for copy of Level II Screening Information (Mailed PASARR number) <input type="checkbox"/> Notifying EDS of a change in the patient's location or status		
Section III: TRANSFERRED, DISCHARGED, OR DECEASED INDIVIDUALS Complete for individuals who have received previous Level II screens. A. TRANSFER (Tracking) (Patient location changes within same or higher Level of Care retains PASARR #): <input type="checkbox"/> Hospital/General <input type="checkbox"/> Medical Unit <input type="checkbox"/> Psychiatric Unit <input type="checkbox"/> State Hospital/Acute <input type="checkbox"/> Nursing Facility Admitting Facility: _____ Admission Date: _____ Address: _____ Contact Person: _____ Telephone: _____		
NOTE: A) "Transfer" updates the patient's location to a facility in NF Level of Care or higher. B) "Discharge" updates patient's location move to Lower LOC and results in cancellation of the PASARR #.		
B. DISCHARGE (Tracking to Lower LOC, may result in expiration of PASARR #): Discharge date: / / Discharged to: <input type="checkbox"/> Group Home <input type="checkbox"/> Other Setting <input type="checkbox"/> Rest Home <input type="checkbox"/> Adult Care Home/Domiciliary Care <input type="checkbox"/> Home: _____		
C. DECEASED*: Date: _____ Facility notifying EDS: _____ Staff submitting this info: _____ Phone: _____		
*Note: Deceased Status Results in PASARR # expiration.		

NC Medicaid Rev: 11/2005

Sample of the North Carolina Level I Screening Form

<div style="display: inline-block; border: 1px solid black; padding: 2px 5px; margin-right: 10px;">Please Print</div> <div style="display: inline-block; text-align: center;"> NORTH CAROLINA LEVEL I SCREENING FORM THIS MUST REMAIN IN THE INDIVIDUAL'S RECORD </div> <div style="display: inline-block; border: 1px solid black; padding: 2px 5px; margin-left: 10px;">CONFIDENTIAL</div>																											
Patient Name: _____ Mailing Address: _____ Referring Facility: _____ Facility Address: _____ Telephone: _____ Submitted By: _____ Submitter's Signature & Title: _____	SS #: _____ Medicaid #: _____ Sex: _____ DOB: _____ Pmt. Status: _____ Marital Status: _____ Admit Date to Nursing Facility: _____ Admitting Facility: _____ Address: _____ Contact Person: _____ Telephone: _____ Patient's Current Location: _____ Address: _____ County: _____																										
Does the individual desire NF services? <input type="checkbox"/> Yes <input type="checkbox"/> No																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> SECTION I: MENTAL ILLNESS SCREEN 1.A. Psychiatric Diagnoses <u>excluding</u> Dementia, Alzheimer's, and/or Organic Brain Disorders <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Anxiety/panic disorder <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Delusional Disorder <input type="checkbox"/> Schizoaffective disorder <input type="checkbox"/> Eating disorder (specify) _____ <input type="checkbox"/> Personality disorder (specify) _____ <input type="checkbox"/> Other: _____ </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Psychotic disorder <input type="checkbox"/> Somatoform disorder <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Major Depression </td> </tr> </table> 1.B. Psychiatric Medication Diagnosis / Purpose <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ </div> <div style="width: 45%;"> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ </div> </div> </div> <div style="width: 48%;"> 3.C. Significant problems adapting to typical changes within 6 months due to MI (<u>excluding</u> medical problems, Dementia Alzheimer's, and/or Organic Brain D/Os) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Y</td> <td style="width: 50%;">N</td> <td>Requires mental health intervention due to increased symptoms</td> </tr> <tr> <td>Y</td> <td>N</td> <td>Requires judicial intervention due to symptoms</td> </tr> <tr> <td>Y</td> <td>N</td> <td>Symptoms have increased as a result of adaptation difficulties</td> </tr> <tr> <td>Y</td> <td>N</td> <td>Serious agitation or outburst due to adaptation difficulties</td> </tr> <tr> <td>Y</td> <td>N</td> <td>Other _____</td> </tr> </table> Notes: _____ _____ _____ </div> </div>		<input type="checkbox"/> Anxiety/panic disorder <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Delusional Disorder <input type="checkbox"/> Schizoaffective disorder <input type="checkbox"/> Eating disorder (specify) _____ <input type="checkbox"/> Personality disorder (specify) _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Psychotic disorder <input type="checkbox"/> Somatoform disorder <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Major Depression	Y	N	Requires mental health intervention due to increased symptoms	Y	N	Requires judicial intervention due to symptoms	Y	N	Symptoms have increased as a result of adaptation difficulties	Y	N	Serious agitation or outburst due to adaptation difficulties	Y	N	Other _____									
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Y	N	Requires judicial intervention due to symptoms																									
Y	N	Symptoms have increased as a result of adaptation difficulties																									
Y	N	Serious agitation or outburst due to adaptation difficulties																									
Y	N	Other _____																									
NC Medicaid USE ONLY: Meets diagnosis criteria for diagnosis/chronicity? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UTD																											
2.A. Psychiatric treatment received in past 2 years (<u>excluding</u> treatment for Dementia, Alzheimer's and/or Organic Brain D/O's) Include dates of the hospitalization(s) <input type="checkbox"/> Inpatient psych. hosp. _____ <input type="checkbox"/> Partial hosp./day treatment _____ <input type="checkbox"/> Outpatient treatment _____ 2.B. Intervention(s) to prevent hospitalization(s). Include date(s) <input type="checkbox"/> Supportive living (due to MI) _____ <input type="checkbox"/> Housing intervention (due to MI) _____ <input type="checkbox"/> Legal intervention (due to MI) _____ <input type="checkbox"/> Other: _____ NC Medicaid USE ONLY: Meets criteria for diagnosis/chronicity? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UTD																											
3.A. Interpersonal Functioning <u>excluding</u> medical problems, Dementia, Alzheimer's and/or Organic Brain D/O Indicate: "F" Frequently, "O" Occasionally, "N" Never <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> Altercation <input type="checkbox"/> Fear of strangers <input type="checkbox"/> Illogical comments <input type="checkbox"/> Other _____ <input type="checkbox"/> Suicide attempt/ideations </td> <td style="width: 50%;"> <input type="checkbox"/> Social isolation/avoidance <input type="checkbox"/> Excessive irritability <input type="checkbox"/> Easily upset/anxious <input type="checkbox"/> Hallucinations <input type="checkbox"/> Serious communication difficulties </td> </tr> </table> Please note dates: _____ 3.B. Concentration/Task limitations within past 6 months due to MI (<u>excluding</u> medical problems, Dementia, Alzheimer's and/or Organic Brain D/O) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">F</td> <td style="width: 50%;">O</td> <td style="width: 50%;">N</td> <td>Serious difficulty completing age related tasks</td> </tr> <tr> <td>F</td> <td>O</td> <td>N</td> <td>Serious loss of interest in things</td> </tr> <tr> <td>F</td> <td>O</td> <td>N</td> <td>Serious difficulty maintaining concentration/attention</td> </tr> <tr> <td>F</td> <td>O</td> <td>N</td> <td>Numerous errors in completing tasks which she/he should be physically capable</td> </tr> <tr> <td>F</td> <td>O</td> <td>N</td> <td>Requires assistance with tasks for which she/he should be physically capable of accomplishing</td> </tr> <tr> <td>F</td> <td>O</td> <td>N</td> <td>Other _____</td> </tr> </table>		<input type="checkbox"/> Altercation <input type="checkbox"/> Fear of strangers <input type="checkbox"/> Illogical comments <input type="checkbox"/> Other _____ <input type="checkbox"/> Suicide attempt/ideations	<input type="checkbox"/> Social isolation/avoidance <input type="checkbox"/> Excessive irritability <input type="checkbox"/> Easily upset/anxious <input type="checkbox"/> Hallucinations <input type="checkbox"/> Serious communication difficulties	F	O	N	Serious difficulty completing age related tasks	F	O	N	Serious loss of interest in things	F	O	N	Serious difficulty maintaining concentration/attention	F	O	N	Numerous errors in completing tasks which she/he should be physically capable	F	O	N	Requires assistance with tasks for which she/he should be physically capable of accomplishing	F	O	N	Other _____
<input type="checkbox"/> Altercation <input type="checkbox"/> Fear of strangers <input type="checkbox"/> Illogical comments <input type="checkbox"/> Other _____ <input type="checkbox"/> Suicide attempt/ideations	<input type="checkbox"/> Social isolation/avoidance <input type="checkbox"/> Excessive irritability <input type="checkbox"/> Easily upset/anxious <input type="checkbox"/> Hallucinations <input type="checkbox"/> Serious communication difficulties																										
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F	O	N	Requires assistance with tasks for which she/he should be physically capable of accomplishing																								
F	O	N	Other _____																								
NC Medicaid USE ONLY: Meets criteria for MR? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UTD																											
SECTION III: RELATED CONDITIONS SCREEN 1.A. Related Condition diagnosis which impairs intellectual functioning or adaptive behavior: <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Autism <input type="checkbox"/> Epilepsy <input type="checkbox"/> Deafness <input type="checkbox"/> Closed Head Injury <input type="checkbox"/> Other _____ 1.B. Substantial functional limitations 3 or more of the following secondary to Related Condition and not a medical condition: <input type="checkbox"/> Self-care <input type="checkbox"/> Mobility <input type="checkbox"/> Learning <input type="checkbox"/> Self-direction <input type="checkbox"/> Capability for independent living Understanding/use of language? <input type="checkbox"/> N <input type="checkbox"/> Y specify if yes: _____ 1.C. Was the condition manifested prior to the age 22? <input type="checkbox"/> N <input type="checkbox"/> Y																											
NC Medicaid USE ONLY: Meets criteria for Related Condition? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UTD																											
Comments related to applicant's MI, MR, and/or RC: _____ _____ _____																											

Please Print	North Carolina Level I Screening Form Page Two	Confidential
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Patient Name: _____ Patient Social Security Number: _____

STOP HERE IF THERE IS NO EVIDENCE OF MI, MR, and/or RC. OTHERWISE, CONTINUE.

SECTION IV: DEMENTIA (complete for both MI & MR)

1.A. Does the individual have a primary diagnosis of Dementia or Alzheimer's?
☐ N ☐ Y (specify) _____

1.B. Does the individual have any other organic disorders?
☐ N ☐ Y (specify) _____

1.C. Is there evidence of undiagnosed Dementia or other organic mental disorders?
☐ Y ☐ N disoriented to time ☐ Y ☐ N disoriented to situation
☐ Y ☐ N disoriented to place ☐ Y ☐ N paranoid ideation
☐ Y ☐ N severe ST memory deficit

1.D. Is there evidence of affective symptoms which might be confused with Dementia?
☐ Y ☐ N frequent tearfulness ☐ Y ☐ N severe sleep disturbance
☐ Y ☐ N frequent anxiety ☐ Y ☐ N severe appetite disturbance

1.E. Can the facility supply any corroborative information to affirm that the dementing condition exists and is the primary diagnosis?
☐ Dementia work-up ☐ Thorough mental status exam
☐ Medical / functional history prior to onset of dementia
☐ Other _____

Documentation must be provided to support diagnosis of Primary Dementia

NC Medicaid USE ONLY:
 Does the individual have a primary dementia diagnosis?
 Dementia decision: ☐ Y ☐ N

SECTION V: CATEGORICALS

Convalescent Care Exemption

1. Does the admission meet all of the following criteria?
☐ Admission to a NF directly from a hospital during acute medical care in the hospital; and
☐ Need for NF care as determined for the condition for which care was provided in the hospital;
☐ The attending physician certifies prior to NF admission that the individual will require less than 30 calendar days NF services.

* Individuals meeting all criteria are exempt for Level II screens for 30 calendar days. The responsible facility must update Level I screen at such time that it appears individual's stay will exceed 30 days and no later than the 25th calendar day.

NC Medicaid USE ONLY:
 Meets convalescent exemption? ☐ Y ☐ N
 Expiration Date: _____

The following decisions indicate the individual does meet NF eligibility and does not require specialized services for the time limit specified. An updated Level I Screen is required if the stay is expected to exceed 7 calendar days & no later than the 5th calendar day.

2.A. _____ Emergency protective service situation for MI/MR/RC individual needing 7 calendar day NF placement

2.B. _____ Delirium precludes the ability to accurately diagnose. An updated Level I is required at such time that the delirium clears and/or no later than 5 calendar days from admission

2.C. _____ Respite is needed for in-home caregivers to whom the MI/MR/RC individual will return within 7 calendar days

NC Medicaid USE ONLY:
 Meets categorical determination? ☐ Y ☐ N
 Expiration Date: _____

If the individual chooses admission to a NF, she/he meets the North Carolina Level of Care criteria for placement.
 *Further evaluation requirements are specified below:

3.A. _____ Terminal illness with life expectancy of 6 months or less
 (Level II evaluation will be completed via paper based review)

3.B. _____ Coma or persistent vegetative state
 (Level II evaluation will be completed via paper based review)

NC Medicaid USE ONLY:
 Approval for Categorical/Exempted admission: ☐ Y ☐ N

Mailing Information - Please

Legal representative name and address:
 Name: _____
 Street Address: _____
 City: _____
 State: _____ Zip Code: _____

Primary physician's name and address:
 Name: _____
 Street Address: _____
 City: _____
 State & Zip Code: _____

NC MEDICAID SUMMARY - OFFICE USE ONLY

Date and Time Received: _____

_____ Level I approved

_____ Requires Level II MI evaluation

_____ Requires Level II MR/RC evaluation

_____ Requires paper review

_____ Time limited approval
 Expiration Date: _____

_____ Status Change

_____ Early ARR required

_____ Categorical ARR

NC Medicaid Reviewer _____ Date _____